

SRPMIC MEMBERS UNDER THE AGE OF 18

CERTIFICATE OF ELIGIBILITY VERIFICATION FOR QUARTERLY PER CAPITA PAYMENT

GENERAL

This form must be completed by the **parent or legal guardian of any Salt River Pima-Maricopa Indian Community Enrolled Member who is under the age of 18**. The parent or legal guardian completing this form must be 18 years of age or older.

On May 9, 2001, the Council of the Salt River Pima-Maricopa Indian Community passed Ordinance No. 2084-2001, that calls for quarterly per capita distributions to enrolled members totaling 35% of net gaming revenue for each quarter. According to our records, you are a parent or legal guardian of a minor enrolled member of the Salt River Pima-Maricopa Indian Community entitled to a per capita payment. As required by the Indian Gaming Regulatory Act, payment of the per capita distribution must be approved by the Bureau of Indian Affairs and must comply with other federal and applicable law and with a Trust Agreement established for the minor. The information requested in this Certificate must be provided for compliance with certain of these legal requirements and to verify other data in the minor's enrollment file to ensure 1) the per capita payment is issued in the correct name and 2) information related to per capita is mailed to the current address.

Per capita distributions for the benefit of minors will be deposited into a Trust on behalf of the minors who were enrolled at the close of business on the last business date of the previous quarter. The funds in the Trust will be invested in a portfolio designed to maximize returns and minimize the risk for the minor. Distribution from the Trust will be available to the minor or for the benefit of the minor as follows:

- **Health:** For minors 17 years of age or younger, a maximum of \$3,000 per year may be requested and paid directly to a doctor, dentist, psychologist/counselor, hospital, medical center or other health care or mental health provider, and only if the services will not be reimbursed through other sources.
- **Education and welfare:** A clothing allowance of up to but not exceeding \$500 per year for minors under the age of 12 years old and \$599 for minors 13-17 year old. Once every 4 years up to but not exceeding \$1,999 will be available to purchase a computer for minors 17 years of age or younger. Disbursements may be made directly to private schools for the tuition of a minor 17 years of age or younger.
- **Taxes:** Extra distribution equal to taxes due or paid that were caused by distributions from the trust.

The disbursements listed above from the trust for the benefit of a minor will be made by the Trustee upon the petition of a parent or the legal guardian of the minor as long as that minor's account has not been exhausted. All requests for disbursements from a minor's trust shall include a detailed budget of monies necessary and a detailed justification. The Trustee will require receipts of expenditures made from funds disbursed before any future disbursements are made.

When the minor turns 18 years of age and if there is a remaining balance in their trust fund, the trust will be distributed to the individual as follows:

- i) If the individual (1) graduates from high school or (2) receives a General Equivalency Diploma (GED), such individual may begin receiving payments of the monies accumulated in his or her Minor's Trust Fund, including interest, upon reaching the age of eighteen (18) according to the following schedule:

<u>Age</u>	<u>Percent of Remaining Balance Distributed</u>
18	1/10
19	2/9
20	3/7
21	100%

- ii) If the individual has not received a high school diploma or GED, such individual may begin receiving payments of the monies accumulated in his or her Minor's Trust Fund including interest, as follows:

<u>Age</u>	<u>Percent of Remaining Balance Distributed</u>
18	0%
19	1/20
20	2/19
21	100%

The individual may receive an additional payment of 50% of the individual's next scheduled distribution (based on the schedules above) upon the successful completion of:

- (1) An Associates degree; or
- (2) 2 years of honorable military service, or
- (3) Trade school with work experience in the field studied, all totaling 2 years.

INSTRUCTIONS FOR COMPLETING THIS CERTIFICATE

Parents and Legal Guardians - If you are 18 years of age and a court has not appointed a guardian or other legal representative to act on behalf of the minor:

- a) answer all questions,
 - b) sign and date the Certificate at the bottom of page, and
 - c) make sure the witness to your signature signs and dates the Certificate, and provides his/her address.
1. Please provide the minor's Tribal Identification Number. If you do not know the minor's Tribal Identification Number please contact Barrie Thomas at (480) 850-8037, in the Enrollment Office.
 2. Legal Name of the Minor Enrolled Member: Please type or print the minor's legal name in the boxes provided.
 3. Legal Name of Parent or Legal Guardian: Please type or print your legal name in the boxes provided.
If other than natural parent, you must provide proof of legal guardianship with this certificate.
 4. Please check the appropriate box that describes your relationship to the minor enrolled member.
 5. Mailing Address of Parent or Legal Guardian: Please type or print your current mailing address. All per capita information in the future will be sent to this address. If you have a change of address in the future, immediately complete a change of address form and submit it to the Salt River Pima-Maricopa Indian Community Enrollment Office.
 6. Please provide the minor's date of birth in the boxes provided.
 7. Please provide the minor's social security number in the boxes provided. **You must provide a copy of the minor's social security card with this certificate.**
 8. Please provide your telephone number in the boxes provided.

WITNESSES - The person who executes the Certificate as a witness must be at least eighteen years of age. By executing the Certificate, the witness is certifying that he/she knows the person for whom he/she is serving as a witness and the person signed the Certificate in his/her presence.

SIGNERS - All persons, other than witnesses, who sign the Certificate represent and warrant that they have the legal authority to do so; all information provided in the Certificate is true and correct to the best of their knowledge; and they understand that misrepresentations of such authority or information may constitute perjury or other criminal offenses

under the laws of the United States, the Salt River Pima-Maricopa Indian Community or the applicable governmental jurisdictions.

INSTRUCTIONS FOR SUBMISSION OF CERTIFICATE

The completed and executed original of the Certificate should be delivered to the Community's Enrollment Office at 10005 East Osborn Road or mailed to Salt River Pima-Maricopa Indian Community, Enrollment Office, 10005 East Osborn Road, Scottsdale, AZ 85256.

**DISTRIBUTION FROM THE MINOR'S TRUST ACCOUNT CANNOT BE MADE TO YOU
AS GUARDIAN OF A MINOR UNTIL A PROPERLY COMPLETED AND SIGNED
CERTIFICATE IS SUBMITTED AND ALL OTHER LEGAL REQUIREMENTS
FOR THE DISTRIBUTION HAVE BEEN SATISFIED.**

Please make a copy of the completed Certificate for your records

**PLEASE MAIL BACK ONLY THE COMPLETED CERTIFICATE AND A COPY OF THE MINOR'S SOCIAL
SECURITY CARD**

SRP-MIC MEMBERS UNDER THE AGE OF 18
PER CAPITA INFORMATION CERTIFICATE
REQUIRED INFORMATION

1. Minor's Tribal ID Number:

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2. Legal Name of Minor Enrolled Member (type or print):

First Name	M.I.	Last Name (Include Jr. or Sr.)

3. Legal Name of Parent or Legal Guardian (type or print):

First Name	M.I.	Last Name (Include Jr. or Sr.)

4. What is your relationship to the minor: ☐ Parent ☐ Guardian ☐ Other, please describe _____
If other than natural parent, you must provide proof of legal guardianship with this certificate.

5. Mailing Address of Parent or Legal Guardian (**Primary or financially responsible only**):

Street and number or post office box		
City	State	Zip Code

NOTE: This is the address where information related to the minor's per capita distribution will be sent. If you reside outside the United States, insert address information according to that country's mail system.

6. Minor's Date of Birth:
Month Day Year

7. Minor's Social Security Number:

You must provide a copy of the minor's Social Security Card with this certificate.

8. Parent's or Legal Guardian's Phone Number:

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Area Code

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Phone Number

(Signature of Person named in Question 3)

Dated: _____

(Witness Signature)

Dated: _____

(Witness Printed Name)

Witness Mailing Address:

Street and number or post office box	City	State	Zip Code
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